

Youth Consultation on Digital Health and Technology

Organised by

Njide Ndili

Commissioner, The Lancet & Financial Times Commission

at Radisson Blu Hotel, Ikeja Lagos, Nigeria, March 12, 2020

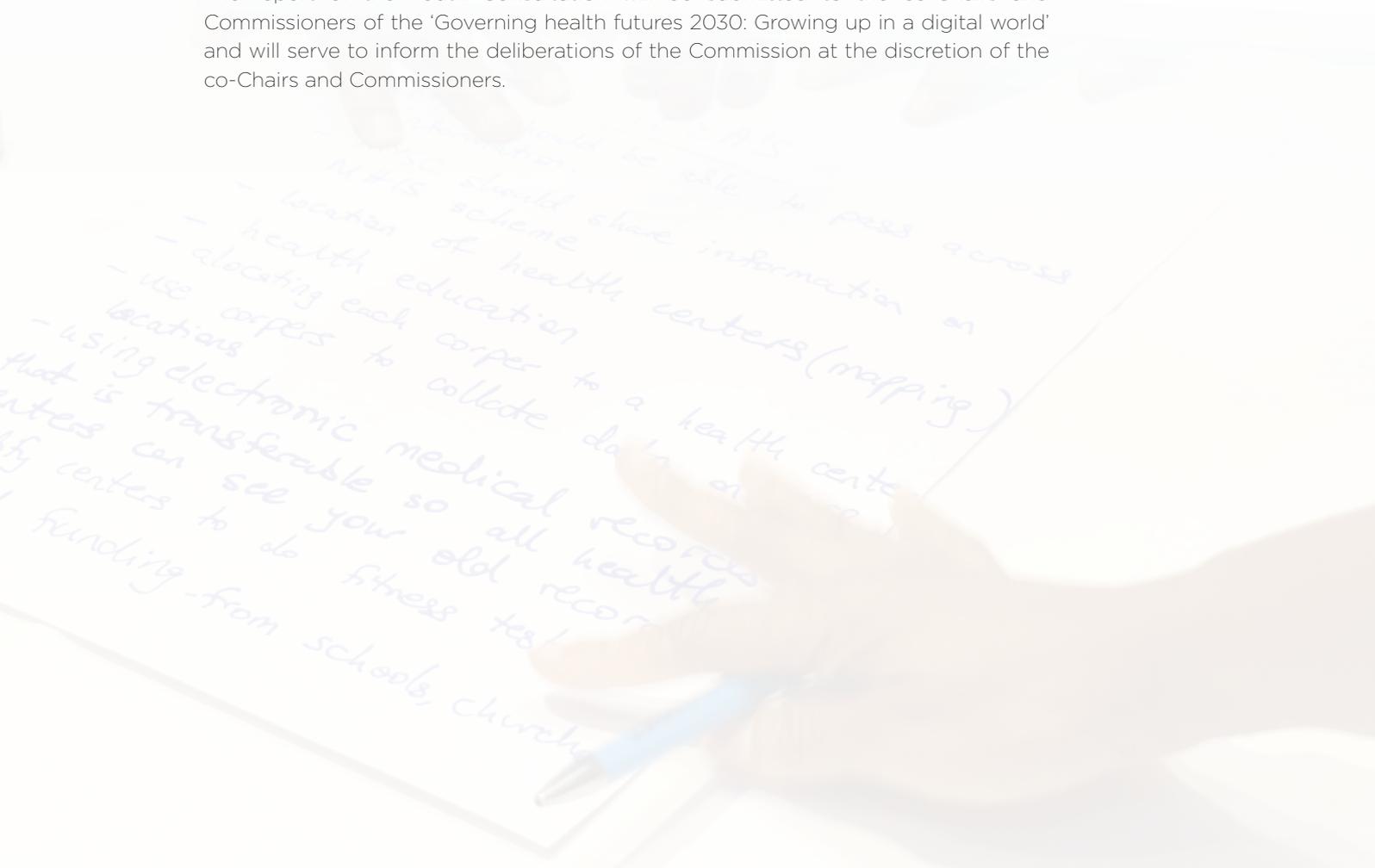


#YouthTech4UHC

The Lancet & Financial Times Commission (Governing health futures 2030: Growing up in a digital world) has been established to run from October 2019 – December 2021 to explore the convergence of digital health, artificial intelligence (AI), and other frontier technologies with universal health coverage (UHC), with a special focus on improving the health of children and young people.

The Youth Consultation, held in Lagos Nigeria on March 12 2020, is an independent consultation with participants from Nigeria. The consultation was planned, designed and organised by Njide Ndili, Commissioner of *The Lancet* & Financial Times Commission and partners.

The report of the Youth Consultation will be submitted to the co-Chairs and Commissioners of the 'Governing health futures 2030: Growing up in a digital world' and will serve to inform the deliberations of the Commission at the discretion of the co-Chairs and Commissioners.



Youth Consultation on Digital Health and Technology

Lagos Nigeria, March 12, 2020

Copyright @2020 Njide Ndili and partners

All rights reserved. Published April 2020

Table of Contents

Workshop Agenda	4
Introduction 'Nothing about us, without us'	5
Methodology	7
Welcome Notes 'We need technology to make healthcare scalable and equitable'	12
Presentation The Lagos state smart eHealth strategy	13
Overview A platform for youthful voices to push for UHC and governing health futures	14
Goodwill Messages	15
Design Thinking Sessions	16
Thinking Cap Session	17
Panel Discussion 1 The Digital Generation Under 25: Access to digital health and UHC considering geopolitical, economic and social factors, identifying barriers to healthcare innovations	18
Panel Discussion 2 The Future We Want: Opportunities, policies for UHC and digital transformation in health	19
Panel Discussion 3 Co-creating the Future of Digital Health and Wellbeing: Potential to improve health and wellbeing, maximise health equity in resources-poor settings and ensuring human rights	20
Findings/Youth Recommendations	21
Post-Consultation Survey	22
Digital Divide	24
Pictures	25
Partners and Sponsors	27



Workshop Agenda

REGISTRATION

WELCOME REMARK

Olamide Okulaja – Director, Advocacy and Communications, PharmAccess Foundation

PRESENTATIONS (GOVERNMENT)

Strategies and opportunities for empowerment, cooperation, peer learning and activism – The Lagos State e-Health Strategy

Prof. Akin Abayomi – Honorable Commissioner of Health Lagos State

Mr Olatubosun Alake, SA to the Executive Governor of Lagos State on Digital Innovation and Technology

OVERVIEW

The Lancet and Financial Times Commission Governing health futures 2030: Growing up in a digital world

Njide Ndili – Commissioner, The Lancet & FT on Governing health futures

PRESENTATIONS (PARTNERS)

CarePay Nigeria, Hygeia Nigeria, Helium Health, Marie Stopes

DESIGN THINKING

How can everybody in Nigeria have access to healthcare without paying for it when they need it:

- What is the real situation of the young generation in the country?
- What are the health challenges that young people face?
- How can digital technology improve access to quality and affordable healthcare?

Ugonna Ofonagoro – Head of Projects, EpiAFRIC

TEA BREAK

PANEL DISCUSSION 1

The Digital Generation under 25: Access to digital health and UHC considering geopolitical, economic and social factors, identifying barriers to healthcare innovations.

Moderator: Somto Mbelu – Advocacy and Communications Manager, PharmAccess Foundation

Panelists:

Moyosoreoluwa Oluwasegun – Program Specialist, Neem foundation

Gloria Ojukwu – Founder, InsurHer

Itoro Inoyo – Global health specialist, Clinton Health Access (CHA)

PANEL DISCUSSION 2

The Future We Want: Opportunities, policies for UHC and digital transformation in Health.

Moderator: Ugonna Ofonagoro – Head of Projects, EpiAFRIC

Panelists:

Chidinma Eneze – Health Financing Advisor, Palladium

Eugenia Ndukwe Chinenye – Founder, iCare

Yusuf Ahmed – Co-founder and COO, SkyHub Nigeria

Tito Ovia – Co-founder and Head of Public Sector Growth, Helium Health

LUNCH

PANEL DISCUSSION 3

Co-creating the Future of Digital Health and Wellbeing: Potential to improve health and well-being, maximise health equity in resources-poor settings and ensuring human rights

Moderator- Dr Chioma Nwakanma – Founder, Smile with Me Foundation

Panelists:

Adaobi Ezeokoli – Editor-in-Chief, Nigeria Health Watch

Veronica Abang – Special Assistant to the Delta State Governor on Digital Media

Chris Roberts – IT Manager, The Wellbeing Foundation Africa

Chidinma Blessing Okafor – Research and Development Software Engineer, Venture Garden Group

TOWNHALL MEETING/COMMUNIQUE

How young people envision that technology can achieve UHC

Ugonna Ofonagoro – Head of Projects, EpiAFRIC

Somto Mbelu – Advocacy and Communications Manager, PharmAccess Foundation

CLOSING/NEXT STEPS

Njide Ndili – Commissioner, The Lancet & FT on Governing health futures



Introduction

‘Nothing about us, without us’

By 2030, the global population will be 8.55 billion, of which 3.31 billion (39%) will be young people under 25 and 2.03 billion (24%) will be children under 15. People aged 15-29 years old make up nearly one-quarter of the world’s total population, yet less than 2% of global development assistance for health is allocated toward young people and their needs. Universal Health Coverage (UHC), as part of the Sustainable Development Goals (SDGs), cannot be achieved if any group is left behind. The global development community must cater to the health care needs of today’s

The United Nations notes that

226 million youth within the age of 15-24 lived in Africa in 2015, representing almost 20% of Africa’s population

young people. They should be a part of conversations about improving their own access to healthcare to fully achieve their mantra, “Nothing about us, without us”. Africa has been identified as the continent with the largest concentration of young people in the world. The United Nations notes that 226 million youth within the age of 15-24 lived in Africa in 2015, representing almost 20% of Africa’s population. The number of young people living in Africa is estimated to increase to 42% of the entire continent’s population by 2030.

In Nigeria, research by the World Bank and WHO showed that 100 million people are pushed into extreme poverty on an annual

basis due to healthcare expenses. Nigeria is a federal republic in West Africa, with a population of 186 million people and the third-largest youth population in the world. Young people and children remain the most disconnected demography and are thereby more vulnerable, posing a barrier to economic growth and sustainable development.

Technology is becoming ingrained into everyday life in Nigeria and this is true for the health sector. Digital health is a key component in improving health care delivery. As digital natives, young people can bring different unique perspectives to global discussions on how to best integrate their health needs and engage the health system, especially through technology. Countries like Nigeria with the most youthful populations in the world are facing a double disadvantage of high child mortality – a strong indicator of weak health systems – and low access to digital technology – a potential resource for health system strengthening and universal health coverage. In other words, while digital technology can play a role in reducing mortality and improving health systems, connectivity is at its lowest in the countries that most need support.

The Lancet and Financial Times Commission Governing health futures: *Growing up in a digital world* runs from October 2019 - December 2021 and explores the convergence of digital health and AI with UHC, focusing especially on improving and safeguarding the health and well-being of children and young people. *The Lancet* and FT Commission is committed to engaging

3.31 billion

PROJECTED NUMBER OF OF YOUNG PEOPLE UNDER 25, IN THE WORLD BY 2030

young people from around the world in its deliberations on growing up in a digital world. The Commission will focus on examining integrative policies for digital health, AI and UHC that are being developed around the world, to identify which has the greatest potential to improve health outcomes and maximise health equity in resource-restricted settings, while ensuring human rights. *The Lancet & FT* Commissioner engaged independent consultants, Nigeria Health Watch and EpiAFRIC to organise a one-day Digital Health Tech Consultative Forum on 12th March, 2020 in Lagos Nigeria. The forum focused on active universal health coverage (UHC). The meeting brought together young health and tech enthusiasts, private sector innovators and policy makers in government to exchange ideas and advocate for healthcare access inclusive of the youth population.

Objectives

- i. To understand the perception of young people about healthcare and how they interact with the health system
- ii. To identify barriers to healthcare access particularly for young people and how digital technology can help enable access to quality and affordable healthcare?
- iii. Discuss the current opportunities in the use of digital health for achieving UHC in Nigeria
- iv. To begin an engagement process that enables the youth give input towards developing an all-inclusive innovative health care system for the future



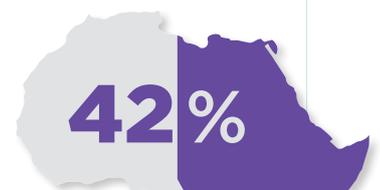
RATIO OF PEOPLE AGED 15-29 YEARS OLD THAT MAKE UP THE WORLD'S TOTAL POPULATION

< 2%

OF GLOBAL DEVELOPMENT ASSISTANCE FOR HEALTH IS ALLOCATED TOWARD YOUNG PEOPLE AND THEIR NEEDS

226 million

YOUTHS WITHIN THE AGE OF 15-24 LIVED IN AFRICA IN 2015



ESTIMATED PERCENTAGE INCREASE IN THE NUMBER OF YOUNG PEOPLE LIVING IN AFRICA BY 2030.

#YouthTech4UHC

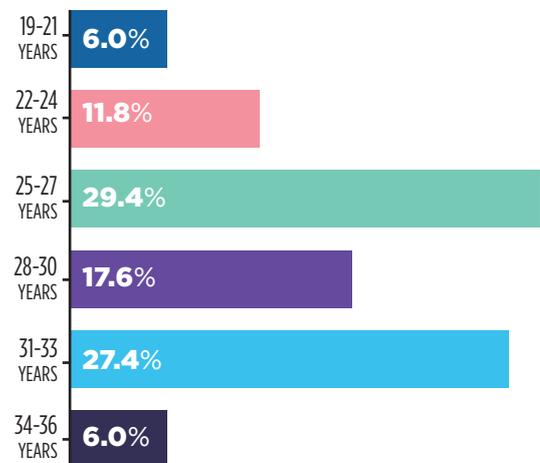
Methodology

51 RESPONDENTS
COMPLETED PROCESS
FOR WORKSHOP APPLICATIONS

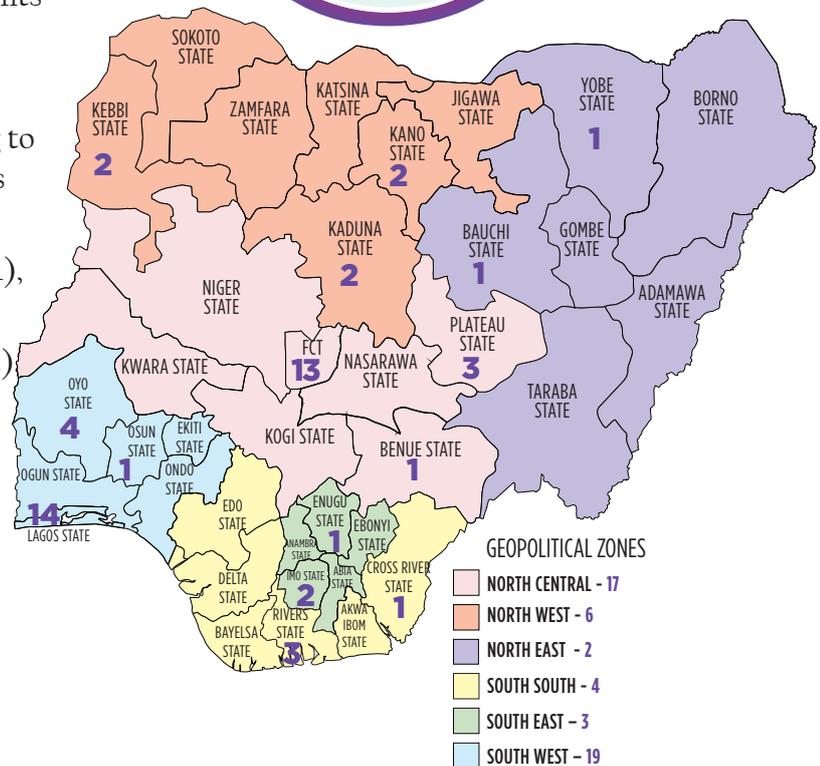
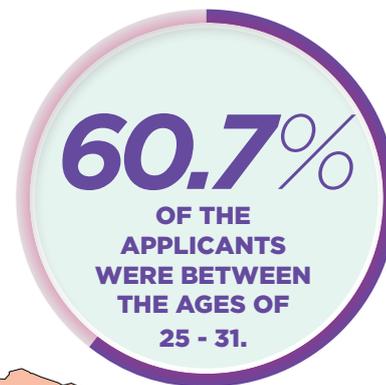
PRE-EVENT

A. Selection Process

1. A call was put out on all social media platforms requesting the youth apply to attend a consultative forum specifically focused on active youth participation and technology needed to attain universal health coverage. *The Lancet & FT* Commissioner and the consultant also went on a local radio show to create more awareness and answer question about the youth consultation and why it was being organised.
2. A total of 51 youths completed the application process.
3. The 51 respondents were diverse and their distribution are as follows:
 - a. **Age group:** The youngest applicant was aged 19 and the oldest applicant was aged 42. 60.7% of the applicants were between the ages of 25 to 31.
 - b. **Geographical location:** The breakdown of applicants according to Nigeria's six geopolitical zones is as follows:
 - i. *North-Central:* FCT (13), Benue (1), Plateau (3); *Total = 17*
 - ii. *North-West:* Kaduna (2), Kano (2), Kebbi (2); *Total = 6*
 - iii. *North-East:* Yobe (1), Bauchi (1); *Total = 2*
 - iv. *South-South:* Cross River(1), Rivers(3); *Total = 4*
 - v. *South-East:* Enugu (1), Imo (2); *Total = 3*
 - vi. *South-West:* Lagos (14), Oyo (4), Osun (1); *Total = 19*



■ Distribution of respondents



■ Geographical distribution of respondents

45 RESPONDENTS SELECTED TO ATTEND FORUM

- c. **Profession:** The applicants were from various professions ranging from health workers and public health practitioners to software developers and economists.
- i. A three man panel was setup to review the responses from the applicants. A total of 45 applicants were selected to attend. Special invitations were subsequently extended to 20 youth who were not able to complete the online application but indicated a strong desire to attend.
 - ii. Exclusive invitations to attend were sent to various Federal, State and private health agencies in the Nigerian health sector. It was important to have them in the room to listen to the youths and provide deeper insight the country's progress to UHC.

EVENT DAY

Seating Arrangement

At the point of registration, seats were assigned to the participants. The youth were strategically positioned in the front of the room while the three highest public-private sector officials sat right in the middle of them with the other participants, 35 and older, assigned seats at the back. This helped to significantly tilt the communication power play in favour of the youth, giving them the one thing that was essential for a successful meeting, a voice!

DESIGN THINKING

This iterative process was undertaken to understand the user, challenge assumptions and redefine problems – to identify alternative strategies and solutions that might not be instantly apparent with initial levels of understanding. At the same time, design thinking provided a solution-based approach to solving problems. It is a way of thinking and working as well as a collection of hands-on methods. This session was used as an ice breaker to set the tone for human-centred design, show the simplified version of design thinking and highlight the importance of inclusive/holistic approach to proffering solutions. The concept of design thinking focuses on the end user. To create meaningful innovations, it is important to know the user and care about their lives.

Group numbers were written behind seat number cards – with which attendees were assigned into one of the five groups for the design thinking session. This ensured that attendees were randomly assigned to different groups. They were introduced to the concept of design thinking and human-centred design, then given a general problem statement to find solutions. This was a speed process that was carried out with team members standing around each team workstation.

NON-YOUTH PARTICIPANTS

20

Health professionals and UHC advocates

15

Key private sector players (HMOs, NGOs etc.)

8

Key government health officials and policymakers (NHIS, NPHCDA etc.)

Problem statement: “How can every young person in Nigeria have access to healthcare without having to pay out of pocket for it?”

Exercises under the design thinking process:

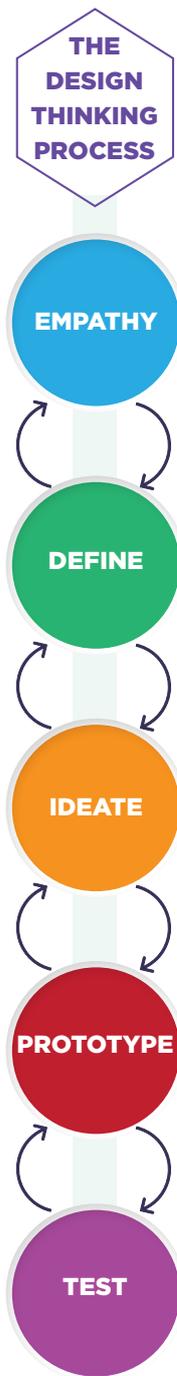
1. **Empathize:** The groups started the process using the empathy map, which is a collaborative visualisation tool used to articulate what innovators know about the potential end user of their solutions. It externalises knowledge about users in order to create a shared understanding of the end user
2. **Define:** Using the results from the empathy map, they redefined their problem statements to a core area.
3. **Ideate:** Ideation is the creative process of generating, developing, and communicating new ideas, where an idea is understood as a basic element of thought that can be either visual, concrete, or abstract. In this phase, the group brainstormed and provided a solution for the selected problem using the 4 golden rules of Ideation -
 - a. There are no bad ideas - you cannot shoot down anyone’s idea
 - b. Capture all ideas
 - c. When you hit a road block, go back to the pool of ideas
 - d. Quantity over quality
4. **Prototype:** A prototype is a simple experimental model of a proposed solution used to test or validate ideas, design assumptions and other aspects of its conceptualisation quickly and cheaply. Understanding that this was a simple speed process the participants where advised to simply use their imagination and present what they intended to build to solve their problems with the format below:

In an ideal situation the next stage that is ‘testing stage’ is where the solution gets tested by users in their real-life setting. The result is then fed into the whole process from the beginning hence the circle.

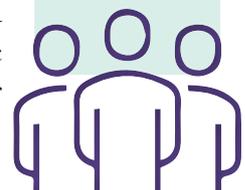
There was a total of 5 teams with about 15 participants per team

THINKING CAP

In order to identify opportunities to meaningfully integrate young people in leadership and key decision-making processes, it was critical to understand the youth’s thoughts on engaging in global governance and their desired roles in health discussions. While young people are often encouraged to be leaders, the idea of leadership is usually handed down as a blue print from the passing generation to the new. To hear the untapped perspective of the youths as is, this innovative exercise was adopted. During the exercise, participants were randomly selected in a raffle-styled draw based on their previously assigned seat numbers. This exercise challenged participants to think from the perspective of policy makers and proffer solutions where they have the power and resources to improve the system.



5
15-MEMBER
DESIGN
THINKING
SESSION
TEAMS
SET UP



Simple Question: *What would you do if you had all the power and resources to effect change in the following areas:*

- *Stigma and discrimination of young people while accessing healthcare?*
- *Time consuming healthcare/ hospital delays?*

PANEL SESSIONS

A panel of key young leaders within health, business and tech industry with relevant expertise took part in a moderated discussions to share insights about the following topics:

1. The Digital Generation under 25: Access to digital health and UHC considering geopolitical, economic and social factors, identifying barriers to healthcare innovations

Brief: We live in an era of increasingly integrated digital lifestyles; where technology is instrumental in bridging existing gaps in human knowledge towards improving the quality of life for individuals and efficiency gains for institutions. Digital health is an inevitably welcome reality that will catch up with the world in the not-too-distant future – and it is in fact integral to achieving UHC. The WHO believes that “Digital health provides opportunities to accelerate our progress in attaining health and well-being related Sustainable Development Goal (SDGs), especially SDG 3...” – however, in Nigeria, as we continue in the bid towards the attainment of UHC, it is important to examine the contextual factors that present as challenges to healthcare innovation. A significant portion of our younger generation are digitally connected but the larger proportion isn’t, how can we understand the health needs of the connected and understand the underlying reasons why others aren’t while seeking to bridge these gaps.

2. The Future We Want: Opportunities, policies for UHC and digital transformation in health

Brief: Global health practices have come a long way from the dark ages when medical practitioners had limited understanding of the human body to the present day and age where vast amounts of diverse health research exist and continue to be published. Humanity has gotten to a point where we can “imagine a world where healthcare is less about the treatment of disease and more about health promotion, disease prediction and prevention”. We continue to see innovation in medicine as well as a change in mindsets, in science and health systems, in technology as well as our overall approach to healthcare. The future holds boundless possibilities. But the golden question remains, how are the youth being factored in the design and execution of these possibilities?



3. Co-creating the Future of Digital Health and Wellbeing: Potential to improve health and well-being, maximise health equity in resource-poor settings and ensuring human rights

Brief: According to WHO, “The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition”. It is also believed that information and communication technology can be an enabler of better health and wellness. Hence, in 2005, the World Health Assembly through its resolution WHA58.28 on eHealth urged Member States “to consider drawing up a long-term strategic plan for developing and implementing eHealth services, develop the infrastructure for information and communication technologies for health as well as promote equitable, affordable and universal access to their benefits.”

Despite the considerable progress made by some countries, many governments still require institutional support for the development and consolidation of national eHealth and/or digital health strategies and the implementation of their action plans, which usually requires more resources and capabilities but overall allowing for the concept of ‘inclusion’ to thrive.

The panelists and moderators for the panel sessions were selected using the following criteria:

- i. Represented the geopolitical regions of Nigeria
- ii. Showed strong leadership
- iii. Gender balance
- iv. Advocates of UHC
- v. **Between the ages of 18 – 36**

The panel sessions welcomed questions and contributions from the rest of the participants.

POST EVENT ANALYSIS

A few days after the forum, **a post-event survey** was sent out to all participants to collect more information on their perception of the subject matter and gauge their level of satisfaction of the entire process.



Welcome Notes

‘We need technology to make healthcare scalable and equitable’

There are global and national struggles due to digitalisation, and its effect on the labour market. Current global health risks and the world’s struggle to access essential health services exist, particularly for young people. Olamide Okulaja, in his role as director of communication, for PharmAccess Foundation is in a vantage position to appreciate the discomfort of youths in the light of these despite being the largest and growing population segment of the world. “As digital natives, it is important to ask what young people think about global governance, their roles in healthcare and how can they employ digitization in moving the sector forward?” he pointed out at the forum. He is a firm believer in the ability of digitalisation of health interventions having the tremendous potential to improve access and reduce costs for the world’s most vulnerable people.

Okulaja was emphatic about his standpoint: “Young people are among the most neglected groups and individuals between 15-29 make a quarter of the world's population. These young people bring a fresh perspective to global discussions which is why this meeting is crucial forum.” He buttressed his view with the fact that global organisations are recognising the importance of technology for health. Case points were easily within reach for him: ‘Earlier this year, for example, the World Health Organization (WHO) published a first draft of its *Global Strategy on Digital Health* that places digital health technology at the centre of achieving UHC.”

“As countries move towards UHC, we are finding millions of people fall into poverty and this is

why we need technology to make healthcare scalable and equitable,” he stressed. He highlighted the WHO *Engaging Young People for Health and Sustainable Development* report of 2018, which laid down opportunities to meaningfully integrate young people in leadership and key decision-making processes.

In all of these, he wanted everyone to be clear on the key reason for the consultative forum: what do young people think about their engagement in global governance? And what role should they play in health discussions?



As digital natives, it is important to ask what young people think about global governance, their roles in healthcare and how can they employ digitization in moving the sector forward?

Olamide Okulaja

DIRECTOR, ADVOCACY
AND COMMUNICATIONS,
PHARMACCESS
FOUNDATION



The Lagos State smart eHealth strategy

Strategies and opportunities for empowerment, cooperation, peer learning and activism

The youth are a key stakeholder in the myriad of opportunities for empowerment, co-operation, peer learning and activism in the Lagos eHealth Strategy. **Professor Akin Abayomi, Commissioner of Health Lagos State, was keen to give insights to the strategy for the audience at the forum.** “The key component of the Lagos eHealth Strategy is the participation of the private sector with the youth being a core subset of that group.”

He described Lagos Smart Health Information Platform (SHIP), as having the goal of getting every Lagosian on board the SHIP – to access better health care. “We want all Lagosians to get on this SHIP so that they can access health faster, smarter and sharper,” he stated. He identified governance as the most important factor in driving SHIP.

But what else does the strategy throw up? “In our current healthcare facilities, we have issues around accountability, reliability and feedback. Through the Lagos eHealth Strategy platform, we would track service

delivery in relation to attitude of service providers, speed and efficiency,” Prof. Abayomi quips.

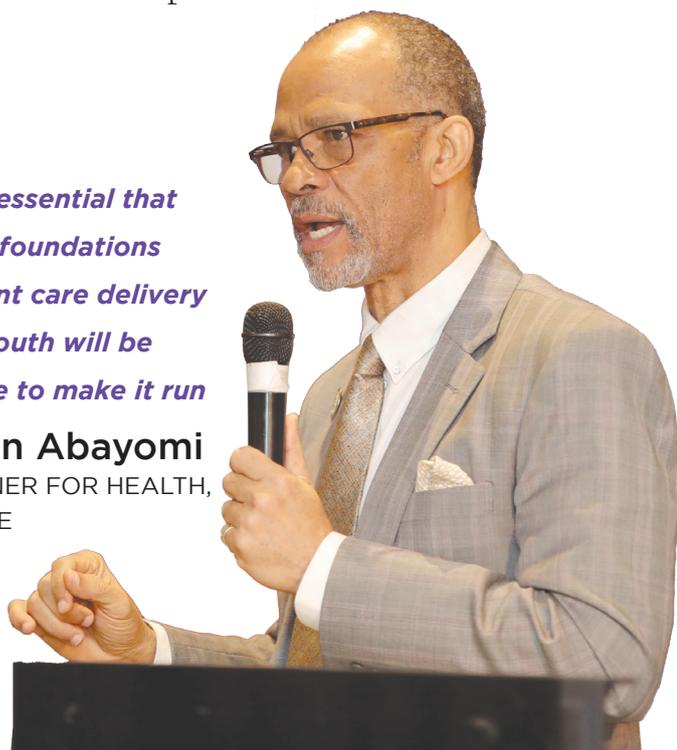
He urged innovators and health professionals to maintain ‘ownership of the data they generate internally’ and perhaps use it as their negotiating tool for better health care system designs. “While it is essential that we lay the foundations for excellent care delivery now, the youth will be responsible to make it run,” he said.

The Lagos eHealth platform has the prospect of creating massive opportunities for brilliant tech startups that will add value to healthcare delivery in the state. This served to add more fuel to Prof. Abayomi’s enthusiasm for the strategy: “Thousands of people will be engaged in new jobs while current roles and skill sets will be sharpened.”



While it is essential that we lay the foundations for excellent care delivery now, the youth will be responsible to make it run

Prof. Akin Abayomi
COMMISSIONER FOR HEALTH,
LAGOS STATE



Overview

A platform for youthful voices to advocate for digital health and inclusion in the UHC agenda

The Lancet & Financial Times Commission is committed to improving and safeguarding the health and well-being of children and youth. To this end, the call by Njide Ndili, The Lancet & FT Commissioner on Governing health futures was far-reaching: “We must make sure that the healthcare systems we develop cater to everybody, no one excluded, rural and urban, low income and high income, no one left behind, including the youth.”

The importance of consulting the youth to collectively identify barriers to healthcare access – particularly how digital technology can help enable access to quality and affordable healthcare – was a key highlight of her address. And if anyone was amiss to what the forum was geared to achieve, she laid down the markers: “The Lancet & Financial Times Commission would like to understand the youth perception around access to healthcare services and how they interact with

the healthcare system using digital technology,” Ndili reiterated. Nigeria’s eye-catching mobile penetration statistics provided ample fodder to drive home her point. With a whopping 75% of Nigeria’s 198.4 million population subscribed to mobile platforms and with 98.39 million internet users, the prospects are exciting. But the major task of ‘how to leverage this wide reach and mobile penetration’ was one she wanted everyone at the forum to contribute to.

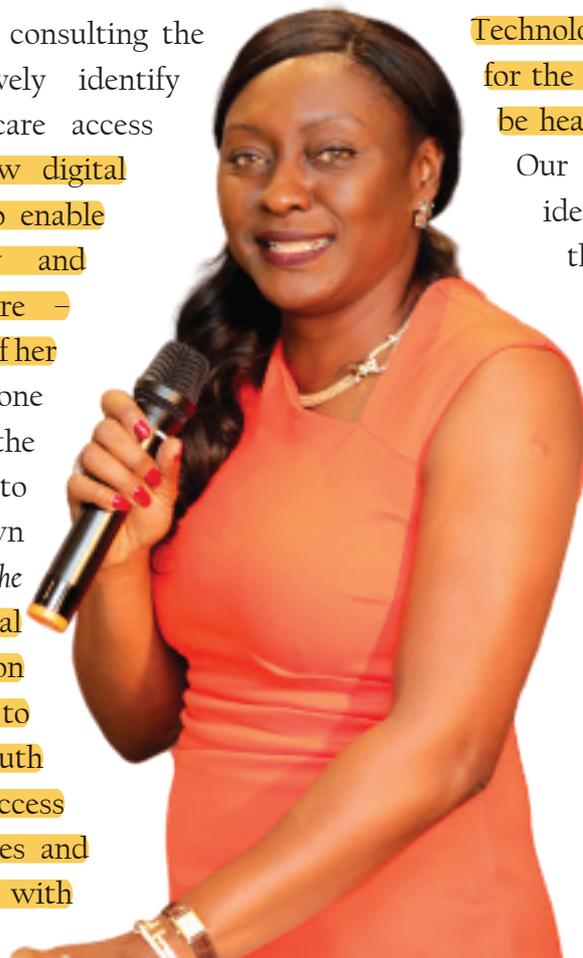
She identified possible leveraging pathways through digital statistics of the country: “The Youth Consultation on Digital Health and Technology is to provide a platform for the voices of the Nigerian youth to be heard in the advocating for UHC. Our role as Commissioners is to identify those innovations with the potential to accelerate UHC particularly for low income countries and communities,” she concluded.



The Lancet & Financial Times Commission would like to understand the youth perception around access to healthcare services and how they interact with the healthcare system using digital technology

Njide Ndili

COMMISSIONER, THE LANCET & FINANCIAL TIMES COMMISSION



Goodwill Messages

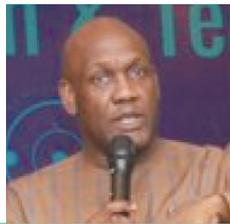


Olatubosun Alake

SA TO THE LAGOS STATE GOVERNOR ON DIGITAL INNOVATION AND TECHNOLOGY

‘Turbo-charge innovation’

If we can create solutions to access, infrastructure, talent and funding, then we can turbo charge the innovation ecosystem. For us to properly innovate in healthcare, we need access to data. The data points lend to building better fit for purpose products. The Lagos State Government is focused on increasing local investment in the innovation ecosystem so that we can scale solutions to who and where it matters most.



Olufemi Akingbade

SOUTH-WEST ZONAL DIRECTOR, NATIONAL HEALTH INSURANCE SCHEME (NHIS)

‘Patient satisfaction and consumerisation needed’

What technology has enabled the banking industry to achieve, why have we not brought it to the health sector? What we simply need is patient satisfaction and consumerisation. How do we ensure access to healthcare service without leaving the confines of our home just like digital technology revolutionized the banking sector in Nigeria?

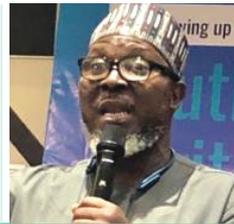


Dr. Peju Adenusi

GENERAL MANAGER, LAGOS STATE HEALTH MANAGEMENT AGENCY

‘Help redesign health insurance’

The Lagos State Health Management Agency (LASHMA) is committed to providing quality healthcare services to the over 20million residents of the state. Young people, hold the key to the development of digital healthcare innovations. Collaborations with the youth along these lines are inevitable. The youth should be able to support the work of redesigning the Lagos State Health Insurance Scheme.



Prince Nasiru Ikhara

GM & HEAD OF ICT, NATIONAL HEALTH INSURANCE SCHEME (NHIS)

‘Accelerate affordable healthcare’

The National Health Insurance Scheme is determined to use technology and digital innovations to accelerate UHC in Nigeria. The management of NHIS is willing to collaborate with the Nigerian youths to ensure ideas generated at forums like these are taken into consideration to ensure improved access to and affordable healthcare delivery. The prospects of these collaborations are exciting.



Ogechi Onuoha

HEAD, MARKETING AND COMMUNICATIONS, MARIE STOPES NIGERIA (MSION)

‘Promote access to quality health care’

At the health facility level, data privacy and quality are crucial to protect the rights of the youth and promote access to quality, non-judgmental sexual and reproductive health care. Nigeria has a high under-5 mortality rate because access to family planning services is limited, exacerbated by poor access to information. Demand for family planning among married population in Nigeria is just at 35%. For the unmarried population, 84% of them demand for family planning but over half of them do not have their needs met.

Design Thinking Session

Five youth groups with 15 participants per team each identified a problem amongst themselves and deliberated before proposing a digital solution to solve the problem. Below are summaries of problems and possible solutions:

GROUP	PROBLEM	POSSIBLE SOLUTION
1	Lack of access to sexual reproductive health care services.	<p>A mobile booth clinic on an app with an onsite version for those without access to mobile technology.</p> <p>The idea is to use of a toll-free number to speak to a health care practitioner and access health information through SMS short codes/ USSD. The app will have language options and be able to refer to the nearest health facility.</p>
2	Lack of access to mental health services	<p>A mobile app - Psych-Up – that allows youth access to mental health services through certified therapists and psychiatrists. This service should be free to the youth.</p>
3	Access to contraceptives for young people without stigmatisation	<p>Mobile app to allow youths communicate with healthcare professionals and get advice on the right type of contraception to use.</p> <p>Introduction of the ‘sex fund’ into the health budget to increase provision and availability of contraceptives.</p> <p>Sex education in schools.</p> <p>Web based app that grants access to youths to get contraceptives.</p>
4	Access to healthcare for corps members (graduates enlisted for mandatory national service)	<p>Upgrade the existing National Youth Service Corps (NYSC) app to provide corps members with health information and health care services. Through the app, corps members would be able to see the hospitals closest to them, access health insurance for all corps members. Health records of corps members would be uploaded on the app to allow for health facilities to access to their health records. Use of bulk SMS and USSD codes for corps members without access to smartphones.</p> <p>Strengthen primary place of assignments (PPAs) and make PPAs accountable for providing the care for their corps members as they have for their staff.</p>
5	Access to healthcare information for unemployed youths	<p>Use of toll-free calls, SMS and pop-up messages to and from healthcare professionals.</p> <p>Developmental partners and telecom companies should consider providing GSM and internet services in disadvantaged communities.</p>



Thinking Cap



In order to identify opportunities to meaningfully integrate young people in leadership and key decision-making processes, understanding the thoughts of the youths on their engagement in global governance and the role they want to play in health discussions was crucial.

This session challenged participants to think from the perspective of policy makers.

SIMPLE QUESTION:

What would you do if you had all the power and resources to effect change?

PROBLEM 1

Stigma and discrimination in youths accessing healthcare

POSSIBLE SOLUTION

- Organise multi-sectoral conferences and smaller town hall meetings for innovators to collaborate and pool ideas. Collate findings and possible solutions, then scale up ideas that have the potential to improve access.
- Influencing and educating the older generation – since most of the discrimination can be traced to them

PROBLEM 2

Time consuming health care and health facility delays

POSSIBLE SOLUTION

- Adapt the hospital flow system and remove bureaucracies in hospital flow and minimise hospital delays as the youth are usually constrained for time.
- An app for every facility such that from the house, the patient could outline complaints, book appointments, be assigned to a doctor and also book tests etc. before they arrive the healthcare facility.



Panel Discussion 1

THE DIGITAL GENERATION UNDER 25:

Access to digital health and UHC considering geopolitical, economic and social factors, identifying barriers to healthcare innovations



Somto Mbelu

MANAGER,
ADVOCACY AND
COMMUNICATIONS,
PHARMACCESS
FOUNDATION

BUILD INNOVATIVE SOLUTIONS

Where there is a problem, there is a solution. If you are in the midst of any problem, you are in the best position to build a custom innovative solution that will create lasting change. For every young person, there is still hope, and that hope lies in you irrespective of the problem. Don't give up, keep pushing, there is light at the end of the tunnel.



Moyosoreoluwa Oluwasegun

PROGRAM SPECIALIST,
NEEM FOUNDATION

CO-CREATE SOLUTIONS

A lot of youths don't have experience, so it is hard to pool resources together. The government has to create custom solutions for the young ones by listening to them and co-creating solutions for their healthcare needs

PROVIDE ACCESS TO INTERNET CONNECTIVITY

As a country, we have to start thinking about granting people at the bottom of the pyramid, access to internet connectivity so they can be a part of innovative solutions that employ digital technology. The bottom of the pyramid remains unconnected to internet and mobile phone services and they are in the majority



Itoro Inoyo

GLOBAL HEALTH SPECIALIST,
CLINTON HEALTH ACCESS
(CHA)

EMPOWER YOUTHS ECONOMICALLY

One of the major issues a lot of young people face in the Northeast of Nigeria is drug use and alcohol abuse. Because of the context of their lives, most of them would plead for economic empowerment. It is a daily fight for survival and issues around digital health and access to healthcare services are currently not a priority in the minds of these youth.

ELIMINATE BARRIERS

Physical disabilities and affordability of healthcare services are barriers. These are issues that must be tackled from the bottom up. Wherever you are in Nigeria, you will always find some form of barriers. Our focus should be on the government partnering with the youth to develop plans for Nigeria and for the youth.



Gloria Ojukwu

FOUNDER, INSURHER

ELIMINATE CULTURAL BARRIERS

Youths face stigmatisation and fear what their friends and family think, so they tend to withhold information on their health problems and challenges. Their issue is not just access to digital products but cultural barriers.

ENSURE WOMEN INCLUSION

We want more women in the tech space to join the co-creation of solutions for young women. We cannot leave the creation of women's technology solutions to men only. We must step up and ensure the inclusion of women.

PANEL DISCUSSION 1 SUMMARY

The importance of collaborations with young people cannot be overemphasized as it enables them to overcome the socio-cultural barriers faced in accessing quality and affordable healthcare through digital health platforms. Also offering them a listening ear, gender-sensitive inclusiveness and economic empowerment would set them on the path towards creating innovative digital health solutions.

Panel Discussion 2

THE FUTURE WE WANT: Opportunities, policies for UHC and digital transformation in health



Ugonna Ofonagoro

HEAD OF PROJECTS, EPIAFRIC

INCLUDE HEALTH FINANCING WHILE PROFFERING SOLUTIONS

The youth in Nigeria make up a whopping 67% of its population but their health needs are not being taken into cognisance when we build healthcare systems and solutions.

We have to include health financing in the solutions we are all proffering.

We cannot ignore the importance of money in the equation. Who will pay?



Chidinma Eneze

HEALTH FINANCING ADVISOR, PALLADIUM

HIGHLIGHT BENEFITS OF DIGITALISATION

Politicians must be made to understand the inherent political-career enhancing opportunities if they are involved in the premium digital transformation of health care.

LINK HEALTH TO THE ECONOMY

Using current trends, critical stakeholders should be enlightened on the far-reaching effects of health on the economy and hence the need for transformation.

ADVOCATE FOR DIGITAL INTERACTIONS

Healthcare services should include preventive medicine which address the needs of the youth. Policies that include digital interactions will enable mass engagement and help prevent avoidable ailments and pandemics.



Eugenia Ndukwe

FOUNDER, ICARE

BUILD CAPACITY WITH DIGITAL ENGAGEMENTS

Digital engagements that enable the youth build capacity and present opportunities to be innovative are needed. Engagements will help attract companies to the health sector especially if financing is made available.

PROMOTE HEALTH EDUCATION

Policies that would promote free health education would also encourage youth to interact with the healthcare system and seek care when needed.



Yusuf Ahmed

CO-FOUNDER AND COO, SKYHUB NIGERIA

ENCOURAGE DIGITAL HUBS

Digital hubs that aggregate UHC innovations would encourage collective and real time approaches vital to achieving sustainable solutions for UHC.

DIGITALLY DISRUPT HEALTHCARE - FOR GOOD

Measures to digitally disrupt the healthcare horizon to ensure square pegs are in square holes - performance and experience vetting for health care service providers and regulators would be key.



Tito Ovia

CO FOUNDER, HELIUM HEALTH

GIVE YOUTH A VOICE ON THE TABLE

Young people face barriers of entry into the health sector. Transformations that will give young people a chance to sit at the table of decision making, governance and policy influencing despite their age would be needed.

EXPAND THE FRONTIERS OF COLLABORATIONS

Digitalisations that would help move the frontiers of collaboration and pool passionate interventions in the sector would be helpful.

EMBRACE AND PATRONISE EFFORTS

Recognition of young people's efforts and patronage for services would be a big boost to the health sector.

PANEL DISCUSSION 2 SUMMARY

Digital transformations drive UHC. Capacity building initiatives for the youth will be a boost to foster inclusion and innovation.

Panel Discussion 3

CO-CREATING THE FUTURE OF DIGITAL HEALTH AND WELLBEING Potential to improve health and well-being, maximise health equity in resources-poor settings and ensuring human rights



Dr. Chioma Nwakanma

FOUNDER,
SMILE WITH ME
FOUNDATION

CREATE TOOLS THAT CAN BE VALIDATED

It is not just enough to produce digital health technology tools. The tools should have a place in Nigeria's health care economy.

Universal health coverage (UHC) is about equal access to health devoid of race, creed or status.

Create tools that people want. create market validation.



Adaobi Ezeokoli

EDITOR-IN-CHIEF,
NIGERIA HEALTH
WATCH

CONSIDER THE END-USER

Digital health entrepreneurs should innovate with the end-user in mind. Service delivery and responsiveness should be at the core of whatever solutions that are being provided.

ALLOW FOR EASY DIGITAL ACCESS

Digital health propels access to healthcare and has the potential of opening up healthcare services. Healthcare services should be transformed to make it easier to access on mobile phones. This would lead to improvements in service delivery, health information and expansion of access.



Veronica Abang

SA TO THE DELTA
STATE GOVERNOR
ON DIGITAL MEDIA

BUILD LEGAL FRAMEWORKS

Strengthening governance would require a legal framework. Representatives at different levels of government need to collaborate and engage with young people. This engagement - achieved through digital media and platforms - would improve policy dialogue and create the needed buy-in for the policies at the execution stage.

CREATE AWARENESS FOR NEW POLICIES

Awareness of new policies and products enhanced by digital platforms would help youth engagement.



Chris Roberts

IT MANAGER, THE
WELLBEING
FOUNDATION AFRICA

PRESERVE DIGITAL HEALTH AND WELLBEING

Investments and funding that catalyse digital transformation - together with legal frameworks - would help preserve digital health and well being.

DEVELOP CREDIBLE DATA SYSTEMS

Building credible data systems for maternal health is critical to reversing disturbing maternal mortality rates.

CURB IN-FACILITY DELAYS

Design personal health record tools for real time access by the facility and the patient to minimise treatment delays at the facilities.



Chidinma Okafor

RESEARCH AND
DEVELOPMENT
SOFTWARE ENGINEER,
VENTURE GARDEN
GROUP

ASSURE DATA SAFETY

Data collection and tracking becomes vital to build trust in the system. Health care clients need to be assured that their health records and data are safe - and are not easily breached. This would build patient confidence and trust in the sector.

DEPLOY BASIC TECHNOLOGY

Ensuring that basic forms of technology such as mobile phones, including smart and feature phones, are deployed in proffering healthcare solutions would attract more patronage in a resource-poor settings.

PANEL DISCUSSION 2 SUMMARY

Strengthening governance through engagement with representatives at all levels including the youth, would give the necessary backing for better health policies. Building, tracking and making data available in resource restricted settings should deploy basic technology to ensure inclusiveness and better patronage. This would provide the access needed to create the future we need in the health sector.

Findings

1

Most Nigerian youths have very limited access to the healthcare systems but can connect to the internet via mobile phones for their health concerns.

2

The perceived healthcare needs of the youth differ drastically from the rest of the population with key concerns in emotional and mental health as well as preventative medicine.

3

Due to cultural stigma, young people feel pressure discussing health concerns with anyone but are willing to speak when given a judgement-free space.

4

They appreciated the regulators being present as observers. This gave them the feeling that they were being listened to and their input respected.

5

Quite a few have solutions and ideas on digital health which are fragmented and still paper concepts. There is no funding available to test or streamline the ideas into prototypes.

6

The youth want to be actively engaged in policy making processes but find that there is societal exclusion.



Universal Health Coverage has to be achieved, not only for us and the people ahead of us, but for the generation coming up.

@_laykha PUBLIC HEALTH ENTHUSIAST

YOUTH RECOMMENDATIONS

Building viable digital platforms will help youth develop sustainable health seeking behaviours and encourage access to basic primary healthcare services.

Digital technology which integrates the ideas of the youth would drive innovation and catalyse game changing transformations in the health sector.

Transformation of the healthcare sector should not be done in silos but involve other sectors and disciplines such as engineers and those in the tech industry.

There is a need to strengthen interface between tech startups and health programmers. This would enable tech startups to understand health issues and local context, and hence a ripple effect of improving the usability of health tech solutions subsequently developed

Some of the innovations participants are currently involved with include:

FRISKY MOBILE APP allows young people to assess sexual health risks and access health information

LINKUP is a youth-friendly service and health facility finder app. Young people can locate nearby facilities can be found and facility service offerings can be rated on the app.

VIVACARE is a structured app/platform for requesting the assistance of midwifery services through the continuum of care for mother and baby.

iCARE (Intensive Combination Approach to Rollback the HIV Epidemic) is a NICHD-funded Nigeria study that addresses HIV. iCARE Nigeria is a multi-phase trial designed to adapt, investigate and implement combination evidence-based interventions to promote HIV testing and improve HIV treatment cascade outcomes among youth (ages 15-24 years) in Nigeria.

COMMUNEATING (communication plus eating), an app that scales up nutrition education, encourages behaviour/lifestyle changes and provides access to food and nutrition security to people in low- and middle-income communities. It also offers nutrition assessment and other affordable basic healthcare services.

WELLVIS leverages on common technology to provide a platform to improve access to health information, patient experience, and reduce cost of health care services.



Digital Divide



DIGITAL AGENCY



60%

OF AFRICA'S YOUTH POPULATION ARE NOT CONNECTED DIGITALLY



DIGITAL DURATION



9%

OF AFRICAN YOUTH HAVE BEEN ONLINE FOR 5 OR MORE YEARS



DIGITAL DESIRE

2.5x

NUMBER OF TIMES IN WHICH DIGITAL ACCESS WAS MORE IMPORTANT TO AFRICAN YOUTHS



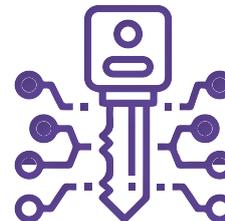
4%

OF EUROPE'S YOUTH POPULATION ARE NOT CONNECTED DIGITALLY

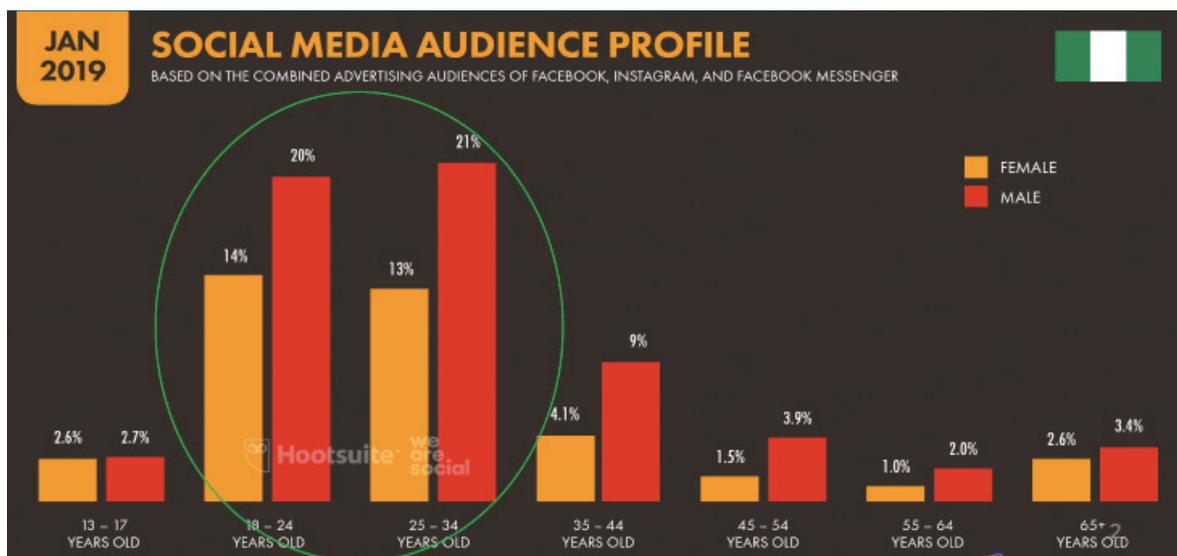


79%

OF EUROPEAN YOUTH HAVE BEEN ONLINE FOR 5 OR MORE YEARS



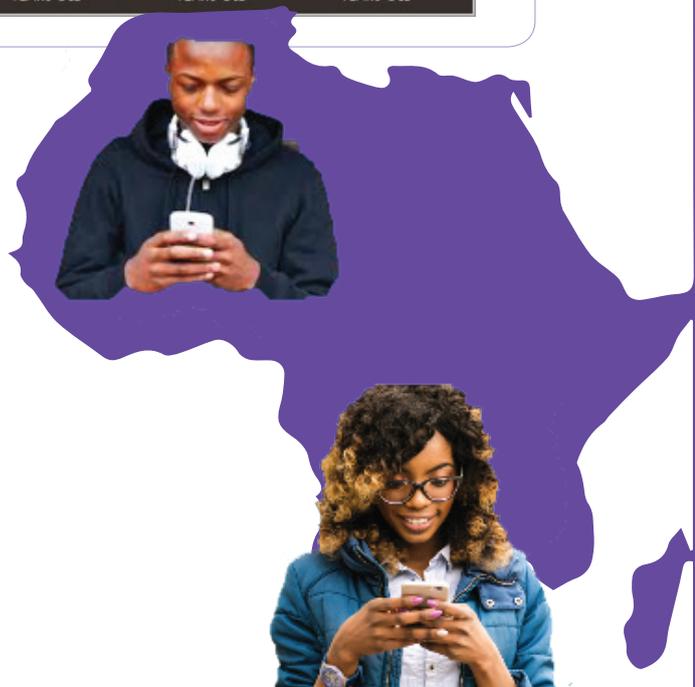
OVERVIEW - DIGITAL CONNECTIVITY



AFRICA'S YOUTH & DIGITAL HEALTH - THE OPPORTUNITY



Mobile is the primary technology for internet access. Consumers in African countries are paying some of the highest rates in the world for internet access as a proportion of income.







Partners and Sponsors



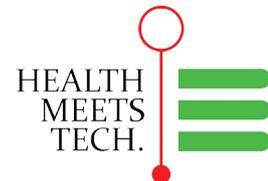
PharmAccess Foundation is an entrepreneurial organisation with a digital agenda dedicated to connecting more people to better healthcare in Nigeria. PharmAccess mobilises public and private resources for the benefit of healthcare providers and patients through a combination of health insurance, loans to healthcare providers, quality standards, provider services, and mHealth innovations that are tested in the PharmAccess mHealth lab.



EpiAFRIC is a global competitive African health consultancy group. We provide a service of uncompromising competence, tenacious integrity, and an in-depth local understanding of the Nigerian context, enriched by a culture of delivery from our international experience and underpinned by a socially aware ethos. We offer advisory, research and capacity development for the health sector.



Nigeria Health Watch is a not-for-profit organisation offering communication and advocacy expertise in the health sector. Our dual strengths in health and communication enable us to provide perfect solutions for communications and advocacy in the health sector. Competence, integrity, social consciousness, passion for health, are some of our values.



Health Meets Tech aims to develop and deliver a programme across the African continent dedicated to achieving closer collaboration between health and tech. Using our knowledge, understanding of health in Africa and leveraging our health networks, we have worked in partnership with some of the key African tech innovation hubs to deliver Health Meets Tech engagement sessions, meet-ups and hackathons, all aimed at bringing the two sectors closer.



Marie Stopes International Organisation Nigeria is committed to providing quality family planning, and sexual reproductive health services in Nigeria. Marie Stopes Nigeria opened its first clinic in 2009, delivering sexual and reproductive health services to communities across Nigeria. In our first year, we estimated that 12,000 women in Nigeria were using a form of contraception provided by Marie Stopes. That number increased to at least 1,367,400 by the end of 2017, and continues to grow!



We offer comprehensive health insurance services to individuals and families as well as SMEs and large corporate organisations. We have delivered first-class health insurance services in Nigeria since 1986.

Hygeia HMO continues to define and set new standards for health maintenance services in Nigeria and Africa, deploying global best practices. We are focused on improving healthcare in Nigeria by constantly adapting to the ever-changing and complex needs of our members and clients. So whatever your healthcare needs are, we have plans that suit you.



At CarePay, we believe the intersection of mobile technology and mobile money has the potential to transform healthcare by facilitating universal access to good quality healthcare at lower costs. We believe in access to good healthcare for everyone, everywhere. CarePay has developed a health payment platform that operates on a mobile phone. Users can save, receive and spend money, but the funds can only be used to pay for healthcare. The system links directly with clinics and healthcare payers, like insurers and donors, so both treatment and payment are fast, efficient and transparent.



Helium Health is on a mission to save lives by reducing medical errors and preserving patient records across Africa. Since 2016 Helium Health has been digitizing medical records. Its flagship electronic medical records (EMR) system is being used by over 5,000 medical professionals in West Africa to treat over 150,000 patients monthly. Helium's angle is to make efficient the record keeping and retrieval process of hospitals via an EMR while also reducing financial leakages.

